10/519,979

RECUPCTIPTO 22 AUG 2005 Attorney's Docket No.

(if applicable).

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR UTILITY OR DESIGN PATENT APPLICATION

As a below named inventor, I hereby declare that:				
My residence, post office address and citizenship are as stated below next to my name;				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
NOVEL FLAVONE C-GLYCOSIDE DERIVATIVES AND COMPOSITIONS CONTAINING				
THE DERIVATIVES				
the specification of which (check only one item below): is attached hereto and was amended on				
was filed as United States Patent Application Number on on				
and was amended on (if applicable).				
x was filed as PCT International Application				
Number <u>PCT/JP03/08481</u> on <u>July 3, 2003</u>				

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

and was amended on

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119 (a)-(d), 172 or 365 of any foreign application(s) for patent or inventor's certificate or of any international (PCT) application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international (PCT) application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY (if PCT, indicate "PCT")	ION(S) AND ANY PRIORITY CLAIR APPLICATION NUMBER	DATE OF FILING (MM/DD/YYYY)	PRIORITY CLAIM UNDER 35 U.S. §§119, 172 or 3
Japan `	194828/2002 /	7/3/2002	
			Yes 1
			Yes 1
			Yes 1
			Yes N
			Yes 1
			Yes 1
			Yes N

Combined Declaration and I	Power of Attorney
For Utility or Design I	Patent Application
Attorney's Docket No.	
-	Page 2

I hereby appoint the attorneys and agent(s) associated with the following PTO Customer Number of Burns, Doane, Swecker & Mathis, L.L.P. to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and transact all business in connection with international applications directed to said invention:

Customer Number 2 1 8 3 9

Address all correspondence to:

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

CUSTOMER NUMBER 21839

P.O. Box 1404

Alexandria, Virginia 22313-1404

A delice a contract to the contract and the Asset	at (703) 836-6620
Address all telephone calls to:	at (703) 630-0020

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1-00

	FULL NAME OF SOLE OR FIRST INVENTOR	Yoshiyuki ISHIKURA
	Signature	Yoshiyoki Ishikura
	Date	July 7, 2005
	Residence (City, State, Country)	Osaka, Japan
	Citizenship	Japanese
	Mailing Address	5-205, Nara-cho, Ibaraki-shi,
	City, State, ZIP, Country	Osaka 567-0874 Japan
	FULL NAME SECOND INVENTOR, IF ANY	Kuniro TSUJI
	Signature	Churi Juji
	Date	July 7, 2005
	Residence (City, State, Country)	Shizuoka, Japan JPX
	Citizenship	Japanese
	Oluzonomp	
	Mailing Address	1375-11, Ikeda, Shizuoka-shi,

2-00

	· ·
FULL NAME OF THIRD INVENTOR, IF ANY	Haruo ŅUKAYA
Signature	Bland Imlak
Date	July 7, 2005
Residence (City, State, Country)	Shizuoka, Japan
Citizenship	Japanese
Mailing Address	5-5, Shimizu-kusanagi-sugimichi
City, State, ZIP, Country	1-chome, Shizuoka-shi, Shizuoka 424-0885 Japan
FULL NAME OF FOURTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF FIFTH INVENTOR, IF ANY	
Signature	<u> </u>
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF SIXTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	***************************************
City, State, ZIP, Country	